

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office Information Disclosure Statement by Applicant					Attorney Docket No.: 2577-0393				
					Client Reference No.: Multi-Compartment Case				
					Applicant: HALLBERG, Dale R.				
					Appln. No.: New Application 10/695,355				
					Filing Date: October 29, 2003				
Date: October 29, 2003			Page 1 of 1		Examiner: N/A		Group Art Unit: N/A		
U.S. PATENT DOCUMENTS									
Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)		
TUM	AR	3,811,562	05/1974	Smith					
	BR	4,475,247	10/1984	Lee					
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	DR	5,297,707	03/1994	Weber					
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	KR								
	LR								
	MR								
	NR								
FOREIGN PATENT DOCUMENTS					English Abstract		Translation Readily Available		
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
	OR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)									
	YR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner: TUM					Date Considered: 03/04/06				
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